



REQUEST FOR PAYMENT OF BENEFIT ON BEHALF OF A DECEASED PERSON

Name of Legal Representative or Applicant Telephone Number (including area code)

Address of Legal Representative or Applicant

Name of Deceased Person S.I.N. of Deceased Person

INSTRUCTIONS:

If the deceased person was claiming benefits at the time of death, please complete this form and send it with the following documents to your nearest Human Resource Centre of Canada:

If the deceased person was NOT claiming benefits at the time of death follow the procedures in Part II and sign below:

PART I

To request completion of a claim on behalf of a deceased person who was claiming benefits at the time of death, please complete this form and send it with the following documents to your nearest Human Resource Centre of Canada:

PART II

To apply for benefits on behalf of a deceased person who was not claiming benefits at the time of death, please complete Section A below and send the following completed documents with this form to your nearest Human Resource Centre of Canada:

- (1) "Disability Certificate" if the deceased person was incapable of working during the period for which benefits are claimed;
(2) A signed statement attesting to the pregnancy if maternity benefits are claimed or to the date of birth or placement of the child if parental benefits are claimed;
(3) In the case of an intestate succession (that is, there is no will), a copy of the letters of administration;
(4) If the total assets of the estate of the deceased person are not of sufficient value to warrant obtaining probate of the will or letters of administration, then
i) enclose a copy of the death certificate, and
ii) complete Sections B, C and D on the reverse side.

- (1) "Application for Benefit", signed by legal representative or applicant;
(2) "Record(s) of Employment" for the 52-week period preceding the first day for which benefits are claimed, and for any employment since then;
(3) "Disability Certificate" if the deceased person was incapable of working during any week of unemployment during the period for which benefits are claimed;
(4) A signed statement attesting to the pregnancy if maternity benefits are claimed or to the date of birth or placement of the child if parental benefits are claimed;
(5) In the case of an intestate succession (that is, there is no will), a copy of the letters of administration;
(6) If the total assets of the estate of the deceased person are not of sufficient value to warrant obtaining probate of the will or letters of administration, then
i) enclose a copy of the death certificate, and
ii) complete Sections B, C and D on the reverse side.

SECTION A TO BE COMPLETED IN CASES WHERE THE DECEASED PERSON WAS NOT CLAIMING BENEFITS AT THE TIME OF DEATH

I request to have the deceased person's claim considered from \_\_\_\_\_, \_\_\_\_\_. The deceased person failed to make application on the above date and thereafter for the following reasons: (there must be good cause for every day of delay in making the application. give full details.)

The information you provide on this form will be retained in Personal Information Bank entitled "Insurance Claim File" - Local office (HRSDC PPU150). Instructions for accessing your personal information are given in the Personal Information Index, a copy of which is available at Human Resource Centres of Canada.



Signature of Legal Representative or Applicant Date

**SECTION B  
STATUTORY DECLARATION**

For use by an individual who is entitled in law to succeed to the property of the deceased and does not intend to apply for probate of the will or letters of administration.

\* Strike out inapplicable words

Applicant and commissioner, notary, etc., to initial all deletions, alterations, interlineations \_\_\_\_\_  
In the matter of the Estate of: \_\_\_\_\_ County \_\_\_\_\_ Province

To Wit: \_\_\_\_\_ Full Name of Deceased

I, \_\_\_\_\_ of \_\_\_\_\_  
Full Name of Applicant \*City, Town, or Village County Province

Do solemnly declare:

(1) That I am the \_\_\_\_\_ of the late \_\_\_\_\_  
Relationship Full Name of Deceased

who died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_ a copy of  
\*City, Town, or Village Province Date Month

whose death certificate is attached hereto, who died:

\* Intestate (i.e. without a will)

or

\* Testate (i.e. with a will) and whose will, a copy of which is attached, it is not intended to probate

(2) That at the time of \*his/her death, \*he/she was domiciled in \_\_\_\_\_  
\*City, Town, or Village County Province

(3) That I am,

\* The only person entitled in law to succeed to the property of the said deceased

or

\* One of other persons, who are the only persons entitled in law to succeed to the property of the said deceased

Other persons (State age if under 21 years)

Name	Relationship	Age	Name	Relationship	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(4) That the assets set forth above are not of sufficient value to warrant obtaining:

\* Probate of the will or \*letters of administration and, that I do not intend to make application therefor.

(5) That releases of all claims in respect of all monies payable by the Government of Canada, in respect of the said deceased, have been signed by each of the persons, other than myself, referred to in paragraph 3 above are attached. And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the CANADA EVIDENCE ACT.

Declared before me at:

\_\_\_\_\_ . This \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_  
County Province Date Month

Justice of the Peace, Commissioner, Notary, etc.

Applicant's Signature

**SECTION C  
RELEASE (TO BE SIGNED BY ALL PERSONS NAMED IN SECTION B(3) ABOVE)**

Note: Not to be completed by applicant

The release on behalf of minors is to be signed by the legal guardian

I hereby release all my interest in the foregoing amount or amounts owing by Her Majesty to the estate of the late

In favour of \_\_\_\_\_

Full Name of Deceased

Full Name of Applicant

who is the person in whose favour the amount or amounts is/are to be paid.

_____ Signed	_____ Witness	_____ Signed	_____ Witness
_____ Signed	_____ Witness	_____ Signed	_____ Witness

**SECTION D  
REPAYMENT PROMISE**

I agree to repay to the Receiver General for Canada any moneys paid to me in error

Signature of Applicant

Date

Signature of Witness